

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9	1					
10		1				
11	1					
12		1				
13						
14						
15						
16						
17	1					
18		1				
19	1					
20		1				
21						
22		1				
23	1					
24		1				
25	1					
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.		22				
TOTAL	30					

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
61								
62								
63								
64								
65								
66								
67								
68								
69								
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL								